

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITIONCase No.
12-RC-329670Date Filed
November 8, 2023

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Pan American Grain Mfg. Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Amelia Industrial Park 9 Calle Claudia PR Guaynabo 00969	
3a. Employer Representative - Name and Title Barbara Bravo		3b. Address (If same as 2b - state same) Amelia Industrial Park 9 Calle Claudia PR Guaynabo 00969	
3c. Tel. No. (787) 273-6100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bbravo@panamericangrain.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing	4b. Principal product or service processing, manufacturing and distributing of grain		5a. City and State where unit is located: Arecibo, PR
5b. Description of Unit Involved Included:			6a. No. of Employees in Unit: 48
Excluded:			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="radio"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).			
<input type="radio"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). congreso de uniones industriales		8b. Address 154 Ave Barbosa PR Cataño 00962	
8c. Tel No. (787) 788-0275	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification 1/1/1998	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1/1/2018
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name		10b. Address		10c. Tel. No.	10d. Cell No.
				10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.					
11b. Election Date(s): one month		11c. Election Time(s): ALL DAY		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
12a. Full Name of Petitioner (including local name and number) Jorge L. Marchand Heredia Union de Tronquistas de Puerto Rico, Local 901				11d. Election Location(s): EMPLOYER FACILITIES	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters				12b. Address (street and number, city, state, and ZIP code) PO Box 364273 PR San Juan 00936-4273	
12d. Tel No. (787) 428-3533	12e. Cell No.	12f. Fax No. (787) 766-1599		12g. E-Mail Address jorgeluisMarchand@gmail.com	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.					
13a. Name and Title JORGE LUIS MARCHAND Esq. Attorney Jorge L. Marchand Law Office				13b. Address (street and number, city, state, and ZIP code) PO BOX 364273 PR San Juan 00936	
13c. Tel No. (787) 428-3533	13d. Cell No.	13e. Fax No. (787) 766-1599		13f. E-Mail Address jorgeluisMarchand@gmail.com	

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) JORGE LUIS MARCHAND Esq.	Signature 	Title Attorney	Date 11/08/2023 06:01:18 PM
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Please fill all necessary fields on the form PRIOR to digitally signing. To make changes after the form has been signed, right-click on the signature field and click "clear signature." Once complete, please sign the form.

Board Exhibit 1(a)

Attachment

DO NOT WRITE IN THIS SPACE	
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Employees Included

ALL THE FULL TIME AND REGULAR PART TIME PRODUCTION AND
MAINTENANCE EMPLOYEES EMPLOYED BY THE EMPLOYER AT ITS FACILITIES

Employees Excluded

ALL OTHER EMPLOYEES, OFFICE CLERICAL EMPLOYEES, PROFESSIONAL
EMPLOYEES, CONFIDENTIAL EMPLOYEES, GUARDS AND SUPERVISORS AS
DEFINED BY THE ACT